GRIEVANCE FORM A

(9)	Grievant's Signature:	Date:		
(8)	Grievant indicates if Immediate Superv	visor's response is: Acceptable □ Not Acceptable □		
(7)	Immediate Supervisor's Signature:	Date:		
(6)	Response to be filled out by Immediate	e Supervisor as to what action was taken:		
	FIRST STEP: IMM	EDIATE SUPERVISOR LEVEL		
(5)	Specific Relief requested (See Section	7.0(B) of Grievance Procedure):		
(4)	Nature of Grievance (Use additional pa	aper if necessary):		
(3)	Date submitted to Immediate Supervisor	ate submitted to Immediate Supervisor:		
(2)	Date Event/Condition which is the basis for this Grievance:			
(1)	GRIEVANT:	POSITION/DEPARTMENT:		
		GRIEVANCE NO(Assigned by Human Resources Office)		

	SECOND STEP: COUNTY ADMINISTRATOR	LEVEL			
(15)	(15) Grievant indicates if a hearing is requested before the County Administrator: Yes \square No \square				
(16)	(16) Date of meeting with County Administrator:				
(17)	Response to be filled out by County Administrator as to what action was	aken:			
(18)	County Administrator's Signature:	Date:			
(19)	Grievant indicates if County Administrator's response is: Acceptable \square	Not Acceptable □			
(20) Yes	Grievant indicates if a hearing is requested before the Chairman of the Bo \mathbf{No}	ard of Supervisors:			
(21)	Grievant's Signature:	Date:			
(22)	Date of meeting with Board Chairman:				
(23)	Response to be filled out by Board Chairman as to what action was taken:				
(24)	Board Chairman's Signature:	Date:			
(25)	Grievant indicates if Board Chairman's response is: Acceptable □	Not Acceptable \Box			

GRIEVANCE FORM B

	GRIEVANCE NO
	(Assigned by Human Resources Office)
GRIEVANT:	POSITION/DEPARTMENT:
Date Event/Condition which is the basis for this Grievan	ce:
FOURTH STEP: ADMINISTRATIVI	E HEARING OFFICER REQUEST
	A. I
(26) Grievant indicates if a hearing is requested before an $\mathbf{Yes} \ \Box \ \mathbf{No} \ \Box$	1 Administrative Hearing Officer:
(27) Grievant's Signature:	Date:
If a hearing is desired, the grievant will advise	the Human Resources Office and provide
Grievance Form B.	

If no hearing is desired, the grievant is requested to send a copy of this form to the Human

Resources Office in order to close the grievance file.

DETERMINATION OF GRIEVABILITY

FORM C

1.	Grievant:	
2.	Nature of Grievance: (See Grievance Form	A. Here state nature in brief).
3.	County Administrator's Determination: Grievable:	Not Grievable:
	Reason (only if not grievable):	Not difevable.
4.	Appeal	County Administrator - Date
the	I wish to appeal the decision on grievability. Circuit Court as required by law.	Please transmit the necessary papers to
		Grievant Date

$\frac{\textbf{DECISION OF HEARING OFFICER}}{\textbf{FORM D}}$

Date(s) of Hearing:	
Place of Hearing:	
Summary of Grievance: (Use additional paper if necessary)	
Summary of Evidence:	
Findings of Fact:	

DECISION OF HEARING OFFICER $\underline{FORM\ D}$ (continued)

Reasons for Decision (state in full):				
Remedy:				